



APPLICATION FOR AUCTION HOUSE/COMPANY LICENSE

State Form 18476 (R6 / 4-02)

Approved by State Board of Accounts, 2002

INDIANA PROFESSIONAL LICENSING
302 West Washington Street, Room E034
Indianapolis, Indiana 46204-2700
(317) 232-2980

Check One

- ☐ Auction House
☐ Auction Company

OFFICE USE ONLY

Date issued	Date license mailed
Control number	License number

FEE \$35.00	Please identify whether: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Firm <input type="checkbox"/> Association	Date of application
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* This agency is requesting the disclosure of your Social Security number under IC 4-1-8-1. Disclosure is mandatory, this record cannot be processed without it.

Name of business
Address (number and street, city/town, county, state, ZIP code)
Mailing address (number and street, city/town, county, state, ZIP code)

INDIVIDUAL, MEMBERS OR OFFICERS

Name	Title
Resident address (number and street, city/town, county, state, ZIP code)	Social Security number *
Name	Title
Resident address (number and street, city/town, county, state, ZIP code)	Social Security number *
Name	Title
Resident address (number and street, city/town, county, state, ZIP code)	Social Security number *

LICENSED AUCTIONEER(S) CONDUCTING AUCTIONS

Name	License number
Resident address (number and street, city/town, county, state, ZIP code)	
Name	License number
Resident address (number and street, city/town, county, state, ZIP code)	
Name	License number
Resident address (number and street, city/town, county, state, ZIP code)	

NOTARY CERTIFICATE

STATE OF _____ } COUNTY OF _____ } SS:		
I, _____, being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.		
Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to (Notary Public)	County of residence	Date commission expires